

## DIALOGUE FOUR CORNERS: MENTAL HEALTH

April 24, 2003

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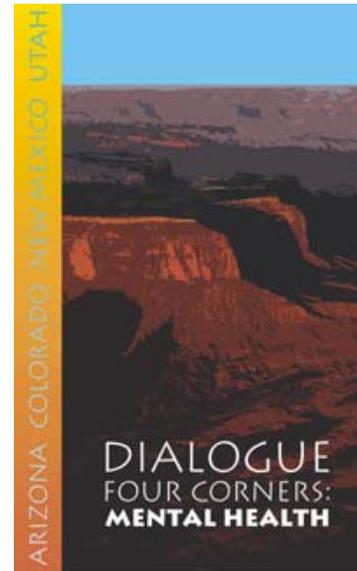
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## INTRODUCTION

The National Institute of Mental Health (NIMH), in collaboration with the University of New Mexico, hosted a regional public outreach meeting on April 24, 2003 focused on the Four Corners area of New Mexico, Arizona, Colorado, and Utah. Over 350 stakeholders—including consumers and their families, health care providers, policy makers, advocates, and researchers—gathered to discuss the impact of mental illness on American Indian and Hispanic populations living in rural communities and to help NIMH shape its future research agenda on issues relevant to the Four Corners region.

*Dialogue Four Corners: Mental Health* is the fifth in a [series of mental health forums](#) designed to inform the public of cutting-edge mental health research and to gather input about public health needs. Previous meetings have been held in Alaska (Anchorage), Texas (Laredo and San Antonio), Pennsylvania (Pittsburgh), and Illinois (Chicago) and have focused on several different themes: brain and behavioral disorders in African-American children; the mental health needs of those living in rural areas including Alaskan Natives and Hispanics; and Americans living with depression co-occurring with other physical illnesses. The *Dialogue Four Corners* meeting was the first attempt to conduct a *regional* dialogue to explore the common mental health treatment and research barriers that are shared by the diverse communities in the American Southwest.

## **PUBLIC INPUT INTO PLANNING *DIALOGUE FOUR CORNERS***

The topics and themes selected for *Dialogue Four Corners* originated from numerous discussions with local community members that took place over the course of seven months. NIMH staff traveled throughout the Four Corners region to learn about and begin to identify the mental health needs and priorities of the area. In New Mexico, NIMH staff visited Gallup, Española, Farmington, and Albuquerque to discuss the divide between services for mental health and services for substance abuse recovery and how research could serve to close that gap. Discussions took place with representatives of addiction and substance abuse recovery organizations, clinic and hospital staff, local government officials, and child advocates. Outreach in Colorado and Utah included visits to Salt Lake City, Denver, Durango, and Ignacio. In Arizona, NIMH staff learned about two different approaches to mental health policy from many diverse groups including Navajo tribal leaders in Window Rock and congressional staff in Scottsdale.

The information discussed at the planning meetings made it clear to NIMH staff that more was needed than a one-day public outreach meeting to convey the concerns of some of the rural communities in the Four Corners region. On April 23, 2003, the day before the public meeting, small groups of policy makers, including members of the National Advisory Mental Health Council (NAMHC), and local researchers traveled on one of three field visits to communities that were involved in the planning process of *Dialogue Four Corners: Mental Health*, including 1) Gallup, New Mexico and the Navajo Reservation in Window Rock and Fort Defiance, Arizona; 2) Gila River Reservation; and 3) Española, New Mexico. The trips to these towns and reservations provided an opportunity for community members to inform researchers and staff from various agencies within the [Department of Health and Human Services](#) about the key issues their communities face and the type of research that is needed to improve treatment services and ultimately mental health in their regions. The discussions took place in small groups at treatment facilities, in Hogans, at a Navajo museum, at a community college, and at other local meeting places. The casual, informal settings allowed for open discussions on real world issues about the concerns in the communities.

While the field visits were being conducted, a larger group gathered together in Albuquerque to participate in a [Federal Grants Information Workshop](#). The Workshop aimed to demystify the grants application process at NIH and other federal agencies, including the Substance Abuse and Mental Health Services Administration ([SAMHSA](#)) and the Indian Health Service ([IHS](#)). The approximately 80 participants—including services and basic science researchers, health care providers, teachers, and students—had an opportunity to network with each other and ask specific questions of the staff, ranging from how to begin a grant application to mechanisms to fund interdisciplinary research across institutes and agencies. Leo Nolan and Dr. Phil Smith of the Indian Health Service engaged a large group in discussing opportunities available through the Native American Research Centers for Health (NARCH) Program and the different ways in which researchers have interacted with Native American communities over time. The workshop was unique for NIMH in that it involved other federal agencies, and featured representatives from five other NIH components: the National Library of Medicine, the National Institute on

Aging, the National Institute of Diabetes and Digestive and Kidney Diseases, the National Institute on Alcohol Abuse and Alcoholism, the National Institute of General Medical Sciences, and the National Institute on Drug Abuse.

## SETTING THE STAGE

***“As participants in this meeting, you have the right to ask that research be relevant to your needs and you have an obligation to make yourself heard. You have the right to be included in research efforts in a way that is sensitive and responsive to your needs.”***

***–U.S. Surgeon General Richard Carmona***

On the morning of Thursday, April 24, 2003 at the start of the public meeting, ***Dialogue Four Corners: Mental Health***, nearly 350 participants filled the room. Yet despite the bustle of gathering and the early morning hour, the room was unusually silent and focused, as Sidney Bad Moccasin welcomed the audience in his native Lakota language. A student at the Institute of American Indian Art, Mr. Moccasin performed the “Four Wind Song,” a Lakota prayer for family members and loved ones of the conference participants.

Dr. Thomas Insel, Director of NIMH introduced Fred Sandoval, Deputy Secretary of Programs of the New Mexico Department of Health and Board Member of National Alliance for the Mentally Ill who brought welcoming remarks on behalf of New Mexico Health Secretary Patricia Montoya. Mr. Sandoval was accompanied by Rachel Sykes, and with a little help from the audience, performed a rendition of “Las Mañanitas,” a Spanish song that embodies the spirit of the New Mexico region. Dr. Samuel Keith welcomed the audience and NIMH on behalf of the Department of Psychiatry at the University of New Mexico. Finally, Surgeon General Richard Carmona addressed the audience through a [pre-recorded video](#).



Surgeon General Richard Carmona



Group of attendees at Dialogue Four Corners Mental Health, April 24, 2003

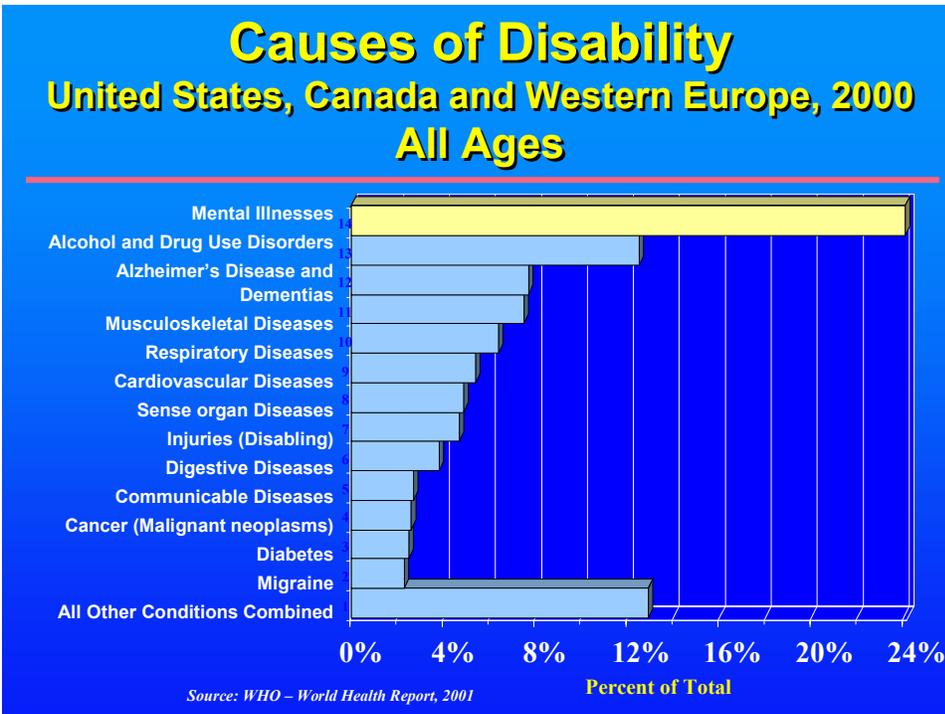
This warm and cultural opening to ***Dialogue Four Corners: Mental Health*** was one way in which the public was welcomed into a discussion on unique mental health concerns in the Four Corners region. Martin Chavez, Mayor of Albuquerque, stated during his welcome that if each day began in a similar fashion “in Washington, the budget would be balanced...and life would just be a whole lot better.”



NIMH Director, Thomas R. Insel, M.D.

Setting the stage for discussion, Dr. Insel, shared with the audience recent findings about the global burden of mental illness. According to the World Health Organization, the number one cause of disability in North America and Western Europe is mental illness. As the new Director of NIMH, the seventh largest institute of NIH, Dr. Insel acknowledged that “developing partnerships and dialogues with people ‘outside of the Beltway’ has become an important part of the mission” of NIMH, which is to reduce the burden of mental illness and other behavioral disorders through research on the mind, brain, and behavior.

Research has offered a better understanding of causes of and treatments for mental illnesses, but more work must be done. Mental illnesses are real disorders with effective treatments, such as medication and cognitive-behavioral therapy. Yet less than half of individuals affected by a mental illness seek treatment.



Presented by Thomas R. Insel, M.D. at Dialogue Four Corners Mental Health, April 24, 2003

Dr. Insel set forth his personal goals for NIMH, which include fostering efforts to understand the genetics of mental illnesses; reducing the rate of suicide; and developing strategies to prevent mental disorders. He emphasized the critical importance of encouraging youth of diverse backgrounds to pursue careers in research, a theme found in many of the presentations and breakout groups throughout the day.

## CULTURAL RELEVANCE: RESEARCH TO CARE

*“Never underestimate the importance of local knowledge”*

“Culture counts” in the Four Corners region, according to **Dr. Spero Manson** from the University of Colorado Health Sciences Center and **Dr. Aguilar-Gaxiola** from the University of California at Fresno. There are many ways in which culture influences mental health help-seeking behavior, services, treatment, and research. For example, New Mexico leads other states in the number of individuals who speak primarily Spanish at home. When working with Native American pueblos, the leaders, rather than specific participating individuals, may give researchers informed consent. Mexican-Americans express mental illness and distress differently in Spanish than in English. Research findings involving one Native American tribe cannot be generalized to all tribes.



Participants ask questions at Dialogue Four Corners Mental Health, April 24, 2003

Drawing upon the findings discussed in [Mental Health: Culture, Race and Ethnicity](#), the supplement to the Surgeon General’s report on mental health, and their research experiences with Native Americans and Mexican Americans in the Four Corners region and across the United States, Drs. Manson and Aguilar-Gaxiola emphasized that it is important to “be committed to translate...the knowledge in ways in which it’s relevant to the people.” From involving communities in determining the important research questions that need to be asked, to creating bilingual and culturally-sensitive mental health services in needed communities, the presenters underscored the importance of culture in helping us to move from what we know—to what we should do.

The audience heard that culture and language definitely matter in the delivery of mental health services. Culture patterns our thinking, feeling, and behavior in both obvious and subtle ways. Culture plays a major role in determining: what we eat, how we work, how we relate, how we celebrate, how we feel about life, death and illness, how we recognize and respond to illness, how we express and report concerns, and finally how we seek help.

## CO-OCCURRING DISORDERS: DEPRESSION AND DIABETES

Mental illnesses are responsible for more “years lost to disability” than any other medical condition in the world according to the World Health Organization. Disability and its burden is only exacerbated by the presence of more than one condition, such as mental illness co-occurring with alcohol abuse, drug abuse, cardiovascular disease, or diabetes. A depressed individual who has suffered from a heart attack, for example, is at greater risk of dying than someone who is not depressed. As Dr. Insel informed the audience, “depression is not just a disorder of mood. It’s a

multisystem disorder that involves the cardiovascular system, the endocrine system, and the immune system.”

There is an epidemic of diabetes in the U.S. Diabetes is also the chief source of morbidity and mortality in Native and Hispanic peoples. Diabetes affects 20 million adults in the United States and is 2 to 4 times more common in Hispanic and Native American people. According to **Dr. Patrick Lustman**, who studies the reciprocal relationship of diabetes and depression at the University of Washington in St. Louis, individuals with depression are twice as likely to develop Type 2 diabetes. Depression is present in about 25% of patients with diabetes. Recent research has indicated that depression may also make diabetes worse. Depressed individuals are more likely to smoke, abuse alcohol, gain weight, or be physically inactive—behaviors that make glycemic control more difficult in managing diabetes. However, there are also physiological interactions.

Current studies are underway to examine the physiologic effects that depression has on developing insulin resistance and hyperglycemia. There is hope, however. Recent research findings have shown that the treatment of depression significantly improves glycemic control in diabetics. Dr. Lustman added, “optimal treatment requires dual management of both depression and hyperglycemia.”

## **MENTAL ILLNESS AND SUBSTANCE ABUSE**

***“He was absolutely overwhelmed and he got to a point where death was a relief. Death was preferable to being shamed in his community for being known to have an alcohol problem or known to not be a tough man.” --Dr. Laura Roberts, describing the situation of one of her rural patients***

Eighty percent of the mental health workforce is located in urban areas. For many of the 60 million Americans who live in rural or frontier areas, access to mental health and substance abuse service providers is limited and it is estimated that there are 15 million rural people with addictions, substance abuse or mental illnesses. **Dr. Laura Roberts** of the University of New Mexico studies the ethical challenges associated with mental health care in rural and frontier communities, such as stigma and overlapping relationships that occur in small communities between health care providers, families, and friends that can discourage a mentally ill person from seeking help.

Dr. Roberts shared her experiences working with patients who avoided receiving mental health treatment because relatives and friends worked at the only clinic in the area. Language barriers and culture differences also serve as barriers to providing culturally sensitive and appropriate care.

## Ethical challenges in caring for rural people



Presented by Laura Roberts, M.D. at Dialogue Four Corners Mental Health, April 24, 2003

- Stigma
- Interdependent, overlapping relationships
- Special cultural, language, & other issues
- Additional challenges in ethics of care
  - Establishing the therapeutic alliance
  - Safeguarding confidentiality
  - Obtaining informed consent
  - Supporting treatment adherence

Other challenges include: economic vulnerability; distance, geography; weather; transportation; inadequate facilities, numbers of caregivers and other resources; caregiver exhaustion and turnover; professional isolation and fewer opportunities for education.

**Dr. David Olds** from the University of Colorado discussed his work with the Nurse-Family Partnership (NFP), a preventive intervention in which young, low-income, first-time mothers are taught coping and parenting skills by nurses who visit their homes.

For the past 20 years, the program has been shown to be effective in helping the entire family achieve better health and life outcomes by assisting the mothers to improve their own health and behaviors, thereby enabling them to better sustain the health and development of their children. Some of the remarkable results have included decreased child abuse and neglect, lower rates of subsequent pregnancies, more realistic future plans for work and family and less use of welfare. Long-term follow up studies of families in the Nurse-Family Partnership program have shown decreased rates of crime, substance use, and conduct disorder in children who participated in the program.

## Evidence of Program Effects

- Improvements in women's prenatal health
- Reductions in children's injuries
- Fewer subsequent pregnancies
- Greater intervals between first and second pregnancies
- Increases in marriage and employment
- Reductions in welfare and food stamps

Presented by David Olds, PhD at Dialogue Four Corners: Mental Health, April 24, 2003.

During his research, Dr. Olds realized that in order for the program to succeed, his group would have to work with communities to develop the training, organization, and infrastructure in order to implement and sustain the program. He noted, "We know that this cannot be done just by handing communities a manual and saying go at it." First demonstrated in an urban community in New York State, this combination of research and service has been adapted to different communities across the country. The successful outcomes of the program, which now exists in 270 counties across the country, have been demonstrated in rural and urban settings with White, African American, and Hispanic families. For more information about the NFP program visit the National Center for Children, Families, and Communities website at [www.nccfc.org](http://www.nccfc.org).

### SUICIDE

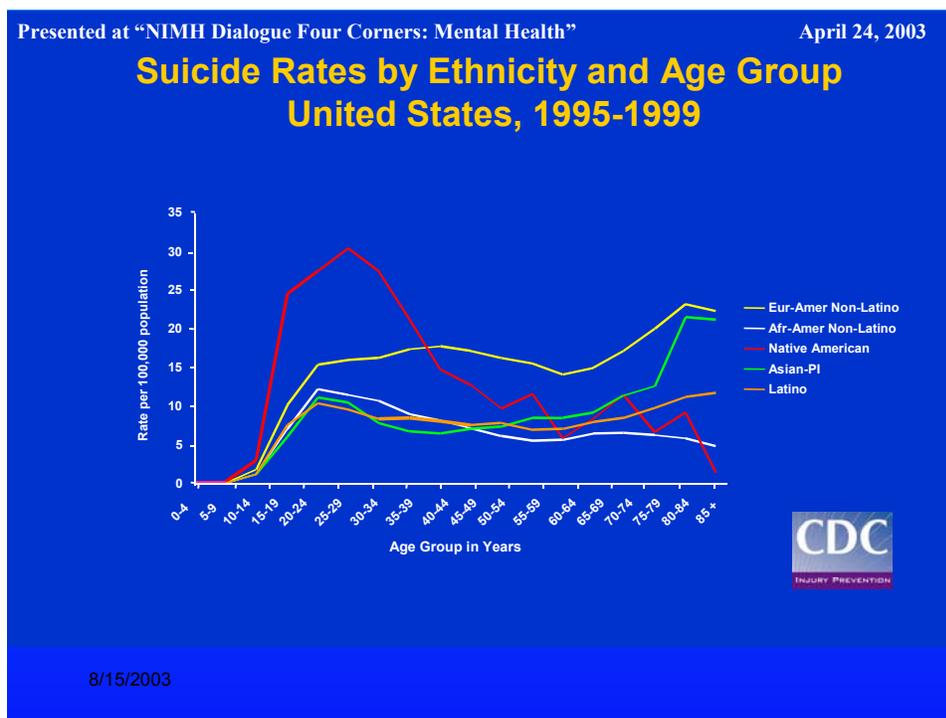
*"Ninety percent of suicides have a history of mental illness—that really says that mental illness as a co-factor in suicide is of almost overwhelming importance." –Dr. Richard Nakamura*

Although most people who suffer from a mental illness do not commit suicide, suicide is the unfortunate outcome too often for people with untreated mental disorders. It is this important difference that has been the subject of much investigation. In the 1960s, a cluster of 17 suicides by young people on a reservation in Idaho alarmed the community and the nation.

**Dr. Philip May** from the University of New Mexico and other researchers were brought in to identify risk and protective factors and to develop a preventive intervention. The researchers found that the suicide victims on this reservation were mostly young males—a surprising finding since the population with the highest rate of suicide in the general U.S. population is white males

over 85. What researchers also found was an alarming degree of cultural insensitivity surrounding the issue: the media inaccurately exaggerated the suicide rates, and began to generalize the findings to all tribes. Although Native Americans, especially young men, commit suicide at higher rates than the national average, rates vary remarkably between different tribes. The Apache population has much higher rates of suicide, for example, than the Navajo population. New Mexico itself has higher than average suicide rates for individuals of Hispanic, Native American, and Anglo backgrounds.

In order to aid communities and states to develop programs to prevent suicide based on collected data and research findings, federal agencies and researchers came together to publish [“Reducing Suicide: A National Imperative.”](#) According to **Dr. Jane Pearson** of NIMH, the research on risk and protective factors, effective interventions, and cultural factors presented in this report may offer hope to improve such conditions. Most audience members were surprised to hear that suicides outnumber homicides across the U.S, however among American Indians and Alaska Natives both suicide and homicide are greater problems.



Presented by Jane Pearson, Ph.D. at Dialogue Four Corners: Mental Health, April 24, 2003.

(Click on chart to zoom)

**Dr. Marlene Echohawk** of the Indian Health Service and the first Native American clinical psychologist in the U.S., encouraged scientists, students, and community members to take responsibility for inclusive and useful research involving Native American communities by asking questions. “Asking questions is a two-way street,” Dr. Echohawk stated, and encouraged tribal members to “ask those questions that need to be asked of any and all scientists who are making a request to conduct research.”



Dr. Insel and Dr. Echohawk listening to Dr. May

Dr. May and Dr. Echohawk also discussed their involvement with programs that support the education and training of minority students in pursuing careers in mental health research and practice. For the past 14 years, Dr. May has been involved with the NIMH Career Opportunities in Research Education and Training (COR) Honors Undergraduate Program at the University of New Mexico. The COR program (<http://grants.nih.gov/grants/guide/PA-files/PA-01-008.html>,

[http://grants.nih.gov/grants/guide/PA-files/PA-](http://grants.nih.gov/grants/guide/PA-files/PA-01-009.html)

[01-009.html](http://grants.nih.gov/grants/guide/PA-files/PA-01-009.html)) is designed to increase the number of minority students who successfully compete for graduate or medical research careers in mental health. The University of New Mexico has funded 75 students in the COR program, of which 90 percent have gone on to graduate school or are in the process of enrolling this year. The Indian Health Service sponsors three *Indians into Psychology* programs in North Dakota, Oklahoma, and Montana, which support Native American undergraduate and graduate students to train in psychology and provide mental health services to underserved communities.

## RESEARCH: PRACTICAL BENEFITS TO REAL PEOPLE

**Dr. Richard Nakamura**, Deputy Director of NIMH, introduced the last panel of the morning, which was made up of professionals from a spectrum of specialties with work focusing on the translation of research from knowledge to action. Dr. Nakamura aptly summed up the theme of all of the presentations by remarking, “it’s extremely important that individuals and that underserved populations work to have research done, but to make sure that research is done for, rather than just on, their population.” Dr. Nakamura introduced **Dr. Jon Perez** of IHS who challenged the audience on their perception of historical worldviews of science and culture as perceived through a Native American lens. Dr. Perez reminded the NIMH staff that it is important not to assume too much and to be mindful of the limitations of theory. In his presentation, Dr. Perez quoted Terry Cross, “Organizations and systems must demonstrate their value of diversity...culture is a resource to draw upon, not a problem to be solved.



Dr. Parker and Mr. Shendo (Dr. Perez is in the background).

**Dr. Carlos Zarate** of NIMH's Intramural Research Program on the Bethesda campus put his remarks into a specific research context. He discussed mood disorders, which include unipolar and bipolar depression. He highlighted some of the issues that are important for scientists undertaking research in minority populations. One of the founders of the [Hispanic Research Initiative in Mood Disorders Pilot Program](#), Dr. Zarate and colleagues originated a program that develops treatment protocols for Hispanics with mood disorders and involves more Hispanics in mental health research, as patients, benefactors, and researchers. The staff dedicated to treatment in this program are all Spanish speaking.

After reviewing ways in which researchers can appropriately collaborate with Native American communities, **Dr. Tassy Parker** of the University of New Mexico introduced **Mr. Kevin Shendo** of the Pueblo of Jemez, who spoke on his collaboration with the New Mexico Health Department, University of New Mexico, and his Pueblo on a health research project. While the Dialogue thus far had been filled with discussion of culturally competent care and recommendations for how researchers and communities can communicate and collaborate, Mr. Shendo demonstrated the theme of the presentations by sharing his personal involvement with such collaboration:

*What I learned from my participation throughout this time was that I learned about my community...I learned that health is not just a health issue in terms of medical or dental health...Health for our community meant preserving language and culture. It meant connecting with our elders. It meant teaching things outside of the classroom that weren't being addressed by schools. It meant tackling alcoholism, single-parent families. It meant connecting with tribal leaders and traditional leaders.*

## THE AUDIENCE SPEAKS

After the morning's presentations, the audience of health care providers, educators, policy makers, community advocates, family members, and consumers was invited to give their views about the mental health concerns and issues that were most pressing for them. The ensuing discussions represented a diversity of experience and opinion. Participants discussed the concern and frustration of conducting research in resource-poor settings that are lacking appropriate services. They focused in on recommendations for future research collaborations and topics, such as examining traditional healing methods in different Native American communities. A common topic across many of the sessions was the role of acculturation on health and health-seeking behaviors, especially for the young and the elderly. Training concerns and support for educational programs for students were also brought up, as one way in which NIMH and other organizations and agencies could support community development.

Topics and questions for the breakout groups were developed by NIMH staff who spent time with community leaders, health care providers, and researchers during the outreach and planning visits to communities in the four states. These experiences helped to shape the breakout groups into four general topics with [guiding questions](#), that drew upon the experiences of the local people in the Four Corners area: issues in mental health for aging populations; traditional healing in mental health and substance abuse; child and adolescent care; and fostering careers in mental health research.

Below are highlights from each dialogue.

### Issues in Mental Health for Aging Populations



Dr. Charles Reynolds, NAMHC member, leads the discussion.

Participants encouraged NIMH to look at the following concerns, as a means of determining an appropriate research focus for aging populations in the Four Corners region:

- Physical distance as a major barrier to receiving, coordinating, and following-up to care;
- Funding shortages for mental health research on service delivery to the elderly in rural or frontier areas, especially surrounding steep co-payments and prescription drug coverage;
- Lack of treatment for co-existing physical conditions. Both are not always treated because of the fragmentation of the health care system;
- How different cultures express mental illnesses in unique ways and have varying attitudes towards family and family caregivers. Certain illnesses are seen as “normal” signs of aging, such as depression or dementia;
- The psychosocial substrate of depression in elders and how researchers from different backgrounds, such as education, can be of assistance.

### Traditional Healing in Mental Health and Substance Abuse



Mr. Raymond Daw, Executive Director, Na'Nizhoozhi Center in Gallup, NM talks with participants.

A major theme of this group was the importance of more collaboration on all issues concerning traditional healing on behalf of NIMH and NIH. A continuation of forums and dialogues was supported as one means of how to bridge Native American and non-Native approaches to healing and recovery. The participants also had the following suggestions:

- A more holistic approach to mental health intervention, treatment, and research including the mind, body, spirit, culture, and the role of the family;
- Efficacy trials, in order to assist in credentialing healers or establishing reimbursement policies;

- Small grants programs, funded by NIMH or NIH, to help build capacity locally with tribal providers;
- Development of grantsmanship skills and education of training opportunities;
- Examine resiliency- or asset-based approach to developing and incorporating research designs in indigenous communities;
- Defining research measurements and outcomes of traditional healing as established from within traditional communities and not be dictated by Western standards;
- Since tribes use different applications and methods of healing, how can tribes learn from one another about what works and doesn't work

### Child and Adolescent Care



Mr. Jim McNulty, NAMHC Member listens to participants.

Given the barriers that exist to receiving health care, such as lack of transportation, travel distance, jurisdiction policies on reservations, and distrust of the medical system, many in the group believed that the main priority should be service delivery. Recommendations for what NIMH should focus on were also discussed, with the major theme being, “it’s time to take research to action.” The participants identified the following research priorities:

- Health needs of infants and youth transitioning from adolescence into adulthood are of particular concern and warrant further research;
- Role that families have on resilience to mental illness in Native American populations;
- How to improve access to and financing of care and identifying best practices;
- Role of paraprofessionals in mental health services and research;
- How to integrate community or tribal based practices into intervention research, such as the Circles of Care Initiative.

### Careers in Mental Health Research



Dr. Hector González shares his experience of becoming a researcher.

This small group of about 20 students was lead by Dr. Ernest Marquez, Director of the Office of Special Populations (OSP) at NIMH talked about how to begin a career, how to identify a mentor, and the training and support opportunities available through NIMH. Drs. Michael Sesma and Mark Chavez of NIMH, Dr. Hector González of the University of Michigan, and Dr. Derrick Tabor of NIGMS also participated with attendees in the discussion. As Dr. Marquez stated, “you can't have one career development plan for everyone.”

Participants discussed the obstacles they have encountered, such as difficulty in identifying appropriate mentors, financial support, travel distance, and how to balance family life and studies. Ways in which academic institutions, NIMH, and communities can partner in order to support the development of researchers from underrepresented communities was also discussed.

## INFORMATION FAIR

During the entire day, April 24, NIMH and its partners, the Indian Health Service, the Substance Abuse and Mental Health Services Administration, the National Institute of Diabetes and Digestive and Kidney Diseases, the National Institute on Alcohol Abuse and Alcoholism, the National Institute of General Medical Sciences, and the National Institute on Drug Abuse provided an information fair consisting of tables stocked with publications for the public. The National Library of Medicine provided an interactive connection to display ways to search for medical information on the Internet. NIMH was also grateful for the participation of the Social Security Administration, which provided a staff member to answer participants' questions and provide information. NIMH also took the opportunity to introduce its new campaign, "[Real Men, Real Depression](#)" at the Dialogue Four Corners Meeting.



## TAKING RESEARCH TO ACTION: FOLLOW-UP ACTIVITIES

*"I think we can recognize there is some hopeful note here, and the hopeful note is that we can forge a partnership—and this meeting can be the beginning. But I think it has to be an ongoing process with you...working with a variety of people from the community to make sure that we get the skills set out there to make sure that in 10 years we're not talking about the same problems in the same way; but that we actually have both the services and the treatments available to make life a little bit better for people in this part of the country."—Dr. Thomas Insel*

*Dialogue Four Corners: Mental Health* was held on April 24, 2003, but the dialogue will continue. Participants in the field visits, workshop, and public meeting identified a need for appropriate services, training, and research activities in their communities. Mindful of its core mission, NIMH is planning follow-up activities in Arizona, Colorado, New Mexico, and Utah. NIMH staff and NIMH supported researchers will be traveling to different communities to meet with students at high schools, two- and four-year colleges, and universities to discuss training

and support for careers in mental health services and research. We hope that these first steps will lead to more activities that will build the relationship between NIMH and communities in the Four Corners region. There are internal discussions about ways to foster and encourage more culturally sensitive research focused on the unique problems and conditions made so apparent through the *Dialogue* field visits and the workshop.

Follow-up activities from previous *Dialogue* meetings have led to research infrastructure development and interdisciplinary collaborations. Through conversations with diverse communities in rural areas, researchers and policy makers have witnessed and learned about the real conditions that serve as barriers to living a healthy life.

In August of 1999, *Mental Health at the Frontier* was held in Anchorage, Alaska, to look at the mental health challenge facing Alaska natives in rural areas. For the first time, different organizations in the state had convened and communicated about how to formulate a research agenda to address the mental health problems facing Alaskans. The University of Alaska, Alaska Mental Health Trust Authority, and Alaska Federation of Natives have continued to collaborate to reach out to constituents, foster small research grants, and support infrastructure development. Several trips between representatives of Alaskan organizations and NIMH staff have occurred, to continue support in developing research activities.

One way in which NIMH has expanded its involvement in basic and clinical research initiatives in Alaska is through supporting the development of a basic neuroscience program at the University of Alaska, Fairbanks. Since September of 2000, the program has been funded through the Specialized Neuroscience Research Programs (SNRP) at Minority Institutions initiative. During this 5-year award that is jointly funded by the National Institute of Neurological Disorders and Stroke (NINDS), National Center for Research Resources (NCRR), National Center on Minority Health and Health Disparities (NCMHD), and NIMH, researchers are studying the neural adaptive mechanisms to stress. The program also supports institutions to build or augment research facilities, develop neuroscience educational programs, foster collaborative research, and strengthen research capabilities of faculty and students.

Some follow-up activities to previous *Dialogue* meetings are more difficult to measure. The new understanding of rural or frontier areas and the barriers that exist for mental health services and research may require some time to be translated into tangible products. Former NIMH Director, Dr. Steven Hyman, often identified his involvement in the Alaska meeting and his visits to the villages of Bethel and Kwethluk in the Yukon-Kuskokwim Peninsula as a turning point in understanding the significant role of physical distance and isolation as a barrier to mental health research. Such understanding by policy leaders, researchers, and NIMH program staff will hopefully lead to more appropriate outreach to those areas and a sensitive consideration of research plans by local scientists.

Other effects of past *Dialogue* meetings have had more national implications in changing policy. As part of *Dialogue: Texas - Mental Health Forum*, some participants visited colonias, rural communities that have settled along the Mexican border that often suffer from severe poverty and lack basic infrastructure and resources. Members of the colonias informed NIMH staff that getting treatment for physical disorders was difficult enough, but that treating depression,

especially in men, along with other disorders was almost impossible. The emphasis on co-occurring disorders continued throughout the meeting, and served as one of the influences in organizing *Depression: An Unwanted Co-Traveler* in 2001, a public meeting focused on exploring the co-morbidity of depression with other disorders such as cancer, diabetes, heart disease, stroke, HIV/AIDS, and Parkinson's disease. Co-occurring disorders continues to be a significant emphasis of interest to NIMH and the Institute is looking for more ways in which to foster collaborative research on this topic.

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During the April "[Dialogue Four Corners: Mental Health](#)" outreach meeting held in Albuquerque, New Mexico, it became abundantly clear that there is a critical need to encourage more young people from the American Indian and Hispanic/Latino communities to consider careers in biomedical research.

As a direct follow-up to the "Dialogue" meeting, the National Institute of Mental Health held two outreach meetings on October 1st, 2003 at the Northern New Mexico Community College in Espanola (morning) and at the Hyatt Regency Tamaya Resort in the Santa Ana Pueblo (afternoon). Each of the short (2-hour) meetings consisted of a panel of presenters who spoke to inspire, motivate and interact with students with the aim of arousing their interest in mental health/biomedical research. These events immediately preceded the annual meeting of the Society for the Advancement of Chicanos and Native Americans in Science (SACNAS) in Albuquerque. Those attending the SACNAS meeting were encouraged to take advantage of this opportunity to learn more about beginning and sustaining a career in biomedical and/or behavioral science.

The personal stories told by panel members were intended to show the students the possibility of achieving success by overcoming obstacles, revealing hidden opportunities, and hopefully moved some students to look ahead at what is possible for them in the field of biomedical and behavioral research. The presenters were Hispanic/Latino and American Indian researchers, some with ties to the Four Corners region. Other participants were available as resource persons, to speak to the students after the presentations/discussion, and to talk to students in greater depth about the opportunities that are available to help develop their future careers.



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